



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED 12/19/13-CD
REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED

By Carol Day at 11:55 am, Feb 03, 2014

DATAMASTER SN 204174	NAME OF AGENCY Livingston Co. SO	DATE OF INSPECTION 12/10/2013
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City		TIME OF INSPECTION 14:03
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.		
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) <u>12/10/2013 @ 14:03</u>		
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR	
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS	
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>+50°C</u>	<input checked="" type="checkbox"/> QUARTZ STANDARD	
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION	
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER	
<input checked="" type="checkbox"/> INDICATOR LIGHTS		
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>13060</u> EXP. DATE <u>02/04/2015</u>		
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>+34.00°C</u> SIMULATOR SN <u>DR5382</u> EXP. DATE <u>01/17/2014</u>		
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input checked="" type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE		
TEST 1 <input checked="" type="checkbox"/> <u>.040</u>	TEST 2 <input checked="" type="checkbox"/> <u>.040</u>	TEST 3 <input checked="" type="checkbox"/> <u>.040</u>
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)		
REFUSALS 0 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). Replaced breath tube. Cleaned sample chamber assembly. Cleaned five-way valve. Replaced loose screw from five-way valve solenoid. Replaced tubing along breath path between flow thermistor block, five-way valve, and sample chamber. Replaced printer ribbon. Calibrated instrument.		
INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME Dewayne D. Carver	
TYPE II PERMIT NUMBER/EXPIRATION DATE 230101 05/28/2015	TELEPHONE NUMBER (573) 751-4722	
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901		



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 7, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0482% (w/vol) ethyl alcohol. The expiration date for this lot number is February 4, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.040 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN120110-04 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204174
12/10/13
14:03

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50C
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@AB CDEFG
HIJKLMN O PQRSTU VWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1496 MANASSAS, VA 20108

Erudite Carver

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204174
12/10/13

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 230101

EXPIRATION DATE: 05/28/15

MISCELLANEOUS DATA:

.040 VAPOR ACCURACY CHECK

GUTH LABS LOT 13060 EXP 2/4/2015

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:10
INTERNAL STANDARD	VERIFIED	14:10
EXTERNAL STANDARD	.040	14:11
BLANK TEST	.000	14:11
EXTERNAL STANDARD	.040	14:12
BLANK TEST	.000	14:12
EXTERNAL STANDARD	.040	14:13
BLANK TEST	.000	14:13

N = 3

SIM. = .1

AVG. = .04

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204174
12/10/13

ARREST TIME: 00:00

SUBJECT NAME:

X

DOB: 01/01/01

SEX: M

STATE/D.L.: XX/X

ARRESTING OFFICER:

X

OFFICER I.D.: X

TESTING OFFICER:

CARVER/DEWAYNE/D

OFFICER I.D.: C41

PERMIT NUMBER: 230101

EXPIRATION DATE: 05/28/15

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:15
INTERNAL STANDARD	VERIFIED	14:15
SUBJECT SAMPLE	.000	14:16
RADIO INTERFERENCE		



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

DEWAYNE D CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER, DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 05/28/2013
NUMBER 230101
EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (6-10)

LAB-4 (RS-10)